

LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER:

<u>VICTIM</u> □ <u>WITNESS</u> □											
NAME (LAST, FIRST, MIDDLE		RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES	
STREET ADDRESS		<u> </u>		CITY	CITY			STATE		ZIP	
HOME PHONE	CELL PHONE				WORK PHONE						
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT						
STATEMENT:											
I CERTIFY (OR DECLARE) UNDER PENALTY C	E DI IBILIDATI	NDER THE	STATE OF WAS	SHINGTO	N THAT TH	E EOREG	OINGIS	TRUE AND	CORRECT		
SIGNATURE:	P PORJURY UI	MDENTINE	-STATE OF WAS	SHINGIC	METHATETH			TE SIGNE			
OFFICER/NUMBER:							DA	ΓE SIGNE	D:		

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE,
HEALTHY, AND PROSPEROUS COMMUNITY"